

CONSENT TO RELEASE AND EXCHANGE INFORMATION & DATA SHARING AGREEMENT

I, _____, am aware that _____ (hereafter referred to as the Named Agency) is part of a cooperative group of organizations that provide behavioral health treatment services and/or authorize State Funded treatment services. A list of all current Broward Behavioral Health Coalition (BBHC) funded behavioral health treatment providers has been given to me by the named agency. This information will be disclosed for the purposes of referral for behavioral health care, the provision of care, and for the reimbursement for services provided on my behalf.

I agree to allow all members of the BBHC provider network and Carisk Partners ("Carisk"), to exchange among them the following information: my complete name, date of birth, social security number, gender, race/ethnicity, location of intake, case manager, and treatment site.

In addition, I agree to allow the exchange of any information collected through the assessment process, which may include but is not limited to information about my HIV status, applicable medical records, and service delivery history, including information protected under 42 CFR Part 2, among and between the Named Agency, BBHC, Carisk, and the agency(s) that participate in the provider network - unless you choose specifically to not authorize release to a particular agency - consent to all agencies is granted by this Consent to Release.

I also understand that the network provider's ability to assess and access treatment, payment, enrollment, and/or eligibility for benefits is dependent on whether I sign this form. Refusal to sign consent will not prevent receiving services at a provider member, but may limit referral and/or access into another agency.

I fully understand the provisions of this Consent to Release, my rights to the confidentiality of my records, and I also understand that no other information regarding my treatment program, whereabouts, or any other factor will be released without my express and written consent.

This Consent to Release may be revoked at any time by signing the revocation line below, or by informing the agency holding this original form in writing, except to the extent that action had been taken in reliance thereon, (any information already released cannot be revoked). This Consent to Release shall expire in twelve (12) months from the date of execution below. I understand that any entity receiving information as a result of this release is bound by the following statement and that this Consent to Release shall become part of my record.

ACKNOWLEDGEMENT OF REQUIRED INFORMATION

I have been informed by _____ that the following may be requested for admission into any of the agency(ies) that participate in the provider network (Provider network agencies listed on attachment I): Detoxification Clearances, Medical Clearances, Prescribed Medications, Psychiatric Clearances and/or Evaluations

This information and/or medication requirements must be provided and/or arranged prior to admission into the provider network agencies. Failure to meet these requirements will delay admission process.

Agency Representative Date

Client Signature Date

Parent, Guardian, or Authorized Representative Date

I wish to revoke this release of information, and I understand that I am entitled to a copy of this form.

Client Signature Date

Broward Behavioral Health Network Providers:	
Archways	Fort Lauderdale Hospital
Banyan Health Systems	Goodman Jewish Family Services of Broward County
Broward County-Addiction Recovery Center	Gulf Coast Jewish Family and Community Services
Broward County-Office of Justice Services	Harmony Development Center
Broward Health	Healthy Mothers, Healthy Babies Coalition of Broward County, Inc.
Broward House	Henderson Behavioral Health
Broward Housing Solutions	House of Hope
Broward Partnership for the Homeless	Kids in Distress
Broward Sheriff's Office	Mental Health America of Southeast Florida
Camelot Community Care	NAMI of Broward County
Care Resource	Our Children Our Future
Carrfour	South Florida Wellness Network, Inc.
Children's Harbor, Inc.	Memorial Healthcare System
Chrysalis Center	Silver Impact
Citrus Health Network	Smith Mental Health Associates
Covenant House of Florida	SunServe
Fifth Street Counseling	TaskForce Fore Ending Homelessness
Fellowship House	TLC Recovery Center of South Florida LLC dba Evolutions
Fellowship Recovery Community Organization, Inc.	The Village South- Westcare
Foot Print to Success Clubhouse	United Way of Broward County
Affiliated Providers:	
Adult Residential Communities LLC	Multicultural Alliance Health Care Solutions, Inc.
Broward Healthy Start Coalition	North East State Hospital
Childnet	North Florida Evaluation and Treatment Center
Children's Home Society of Florida	Project SOAR Inc.
CMET, LLC.	South Florida Evaluation and Treatment Center
Eagles Haven	South Florida State Hospital
FLITE Center	Treasure Coast Treatment Facility
Florida State Hospital	West Florida Community Treatment Center
MissionExec	Wellpath

Signature of Client or their Personal Representative

Date